

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 340
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

A. Natalie Germuska Full Name (Last, First, Middle Initial) Mailing Address 1940 El Cajon Boulevard City San Diego State CA Zip Code 92104 FEC ID number of contributing federal political committee. C Name of Employer Kindred Hospital - San Diego Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2013 Transaction ID : INCA11662 Amount of Each Receipt this Period 375.00 Aggregate Year-to-Date ▼ 1500.00
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date ▼
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date ▼
SUBTOTAL of Receipts This Page (optional)..... ▶		375.00
TOTAL This Period (last page this line number only)..... ▶		80704.98